MEDI-CAL UPDATE

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Pharmacy Bulletin 633 **June 2006**

Contents

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs, Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs.*

Additions, effective July 1, 2006

Drug	Size and/or Strength	Billing Unit
LEVALBUTEROL TARTRATE		
Oral inhaler without chlorofluorocarbons as the propellant	15 Gm	Gm

Changes, effective June 1, 2006

Drug	Size and/or Strength		Billing Unit
DESMOPRESSIN ~~ACETATE~~			
Injection	4 mcg/cc		cc
Nasal solution **or spray**	0.01 %	2.5 cc	ea
		5 cc	cc
Tablets			ea

Please see **Contract Drugs**, *page 3*

EDS/MEDI-CAL HOTLINES

Border Providers ..... **(916) 636-1200**
CDHS Medi-Cal Fraud Hotline **1-800-822-6222**
Telephone Service Center (TSC) **1-800-541-5555**
Provider Telecommunications Network (PTN) **1-800-786-4346**

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

***OPT OUT** is a new service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply "opt-out" of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at* **www.medi-cal.ca.gov**, *and click the "Learn how..." OPT OUT link on the right side of the home page.*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at http://www.dhs.ca.gov.

MEDI-CAL FRAUD
IS AGAINST THE
LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS EACH YEAR AND CAN ENDANGER THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF BY REPORTING YOUR OBSERVATIONS TODAY.

CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs *(continued)*

Changes, effective July 1, 2006

Drug	Size and/or Strength		Billing Unit
BALSALAZIDE DISODIUM			
+ Capsules	750 mg		ea
(NDC labeler code 65649 [Salix Pharmaceutical] only.)			
CIPROFLOXACIN HCL			
* Tablets	250 mg		ea
	500 mg		ea
	750 mg		ea
* Restricted to use in the treatment of 1) lower respiratory tract infections in persons aged 50 years and older; 2) osteomyelitis; and 3) pulmonary exacerbation of cystic fibrosis.			
*** Tablets, extended release**	**500 mg**		**ea**
*** Restricted to use in the treatment of urinary tract infections. Also restricted to a maximum of three (3) tablets per dispensing and a maximum of two (2) dispensings in any 30-day period.**			
Ophthalmic solution	0.3 %		cc
* INTERFERON ALFACON-1			
Injection	30 mcg/cc	0.3 cc	cc
		0.5 cc	cc
Injection, prefilled syringe	30 mcg/cc	0.3 cc	cc
		0.5 cc	cc
*** Restricted to NDC labeler code 55513 [Amgen USA] for claims submitted with dates of service from September 1, 1998 to September 30, 2003 for the treatment of chronic hepatitis C virus infection.**			
PRAVASTATIN			
+ Tablets	10 mg	90's	ea
	20 mg	90's	ea
	40 mg	90's	ea
	80 mg	90's	ea
(NDC labeler code 00003 [Brystol-Myers Squibb] only.)			

Changes, effective August 1, 2006

Drug	Size and/or Strength	Billing Unit
* ZOLPIDEM TARTRATE		
+ Tablets	5 mg	ea
	10 mg	ea
+ Tablets, extended-release	**6.25 mg**	**ea**
	12.5 mg	**ea**
(NDC labeler code 00024 [Sanofi-Aventis] only.)		
* Restricted to use in treatment of insomnia.		

+ Frequency of billing requirement

These updates are reflected on the following Part 2 manual replacement pages: drugs cdl p1a 13, 29 and 38; drugs cdl p1b 29 and 37; drugs cdl p1c 25; drugs cdl p1d 24 and drugs cdl p4 5 and 8.

Zero-Price Row Addition for Expired Drugs

Effective for dates of service on or after August 1, 2006, drugs and products that carry an individual National Drug Code (NDC) with an obsolete date (the date the manufacturer stopped shipping) or a termination date (expiration date of last lot produced) will be denied. The California Department of Health Services will strictly enforce these denials.

Blood Factor Billing Code Update for Pharmacists

Effective for dates of service on or after July 1, 2006, pharmacy providers must bill Blood Factor products (formerly known as Anti-Hemophilia Factor products) using National Drug Codes (NDC) rather than HCPCS codes.

Physicians and clinicians must continue to bill using HCPCS codes currently in place.

When billing with NDCs, pharmacists can bill claims electronically. However, providers who bill for California Children's Services (CCS)-only, CCS/Healthy Families, Genetically Handicapped Persons Program (GHPP)-only eligible recipients, or for Medi-Cal/CCS/GHPP-eligible recipients with a CCS or GHPP legacy authorization must bill hard copy due to the required authorization by the Children's Medical Services Branch. Providers can submit electronic claims when billing pursuant to a CCS *Service Authorization Request* (SAR) for CCS Medi-Cal-eligible recipients.

Medi-Cal will continue to reimburse providers the lesser of the manufacturer's Average Selling Price plus 20 percent or the provider's usual and customary charge.

The updated information is reflected on manual replacement pages blood 1 thru 4 (Part 2). Providers should remove blood hcfa 1 thru 5 from the manual. An updated billing example will be published in a future Medi-Cal Update.

Diabetic Medical Supplies Addition for Bayer Healthcare LLC-Diagnostic Division

Effective for dates of service on or after July 1, 2006, the following diabetic medical supplies have been added to the *Medical Supplies List* section:

Description	Billing Code	Bill Quantity In Total Number of
Keto-Diastik Reagent Strips (Urine/50)	00193288250	Strip
Keto-Diastik Reagent Strips (Urine/100)	00193288221	Strip
Ketostix Reagent Strips (Urine/100)	00193288021	Strip

These products are reimbursable to Pharmacy providers only and must be billed using the Point of Service (POS) network, Computer Media Claims (CMC) or paper.

Test strips are limited to no more than 200 strips per dispensing/claim with a duration of therapy limit of four dispensings in 90 days, per recipient, without prior authorization.

When billing for California Children's Services/Genetically Handicapped Persons Program, the Universal Product Number (UPN) must match the exact UPN granted under authorization.

This update is reflected on manual replacement page mc sup lst1 15 (Part2).

Medical Supplies Utilization Control Period Change

Effective for dates of service on or after August 1, 2006, the California Department of Health Services (CDHS) has changed the utilization period for numerous Medi-Cal supplies with quantity limitations, per recipient, without prior authorization. CDHS is now allowing providers to dispense supplies to beneficiaries that have reached the quantity limit and bill the Medi-Cal program after waiting 27 days instead of 30 days for services provided.

This update is reflected on the following Part 2 manual replacement pages: mc sup lst1 1, 23 and 24; mc sup lst2 2, 3 and 4; mc sup lst3 1, 2, 11 thru 13 and 16 thru 18; mc sup lst4 1 thru 4, 6 thru 12 and 14 thru 22.

Quantity Limit for Enteral Nutrition Supplies Update

Effective for dates of service on or after August 1, 2006, providers should take note that Gastrostomy/Jejunostomy/Nasogastric/Stomach Tubing supplies (billing codes 9930E, 9930F, 9930H, 9930J and 9930 M) are limited to a cumulative total of no more than six in a 365-day period, per recipient, without prior authorization. Previously, this limit had been incorrectly listed in the provider manual as no more than six in a 30-day period.

Due to this error, the California Department of Health Services (CDHS) will reprocess and pay claims that were denied for exceeding the limit of no more than six in a 365-day period for dates of service from August 1, 2003 through July 31, 2006, for claims that are otherwise payable.

This update is reflected on manual replacement page mc sup lst1 23 (Part 2).

Enteral Formula Language Change

Providers should be aware that the phrase "National Drug Code (NDC)" has been replaced with "Product Identification Number" in the *Enteral Formula: List of Contracted Products* section of the Part 2 manual. This change also occurs within the tables located in the same section. Policy regarding enteral formula has not changed.

Providers are reminded that effective for dates of service on or after March 1, 2006, enteral formula with the product identification numbers in the enteral formula section are reimbursable, subject to prior authorization, if used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food. Enteral formula for similar diagnoses and intended uses that are not on the following list are not contracted, and therefore not a benefit beginning March 1, 2006.

This update is reflected on manual replacement pages enteral 1 and 2 (Part 2).

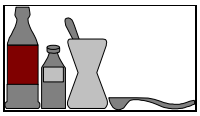
Effective Date Update for Waterproof Sheeting Pricing

Effective for dates of service on or after September 1, 2006, the new contract pricing reimbursement for waterproof sheeting takes effect. However, the Medi-Cal Maximum Acquisition Cost at which providers shall be able to purchase these items was effective on June 1, 2006. This delayed date is so providers who purchased quantities of product prior to June 1, 2006 have enough time to deplete their stock before dispensing product purchased at the new contracted prices.

For dates of service June 1, 2006 through August 31, 2006, providers must continue to submit an invoice or catalog page with their claims when billing with code 9947A TI to allow claims to suspend for review and pricing. When billing for codes 9947A VS or 9947A TI for dates of service during this three-month period, providers are reimbursed according to the pricing in effect prior to June 1, 2006 or on the basis of a catalog page or invoice.

Providers who have received reimbursement for claims coded with 9947A based on the contracted price of $13.80, with a date of service on or after June 1, 2006, must submit a *Claims Inquiry* Form for the underpayment.

This update is reflected on manual replacement page mc sup lst3 14 (Part 2).



DRUG USE REVIEW
Educational Information

Rate of Hemoglobin A1C Testing in the Medi-Cal FFS Population

Glycemic control is paramount to the short-term and long-term management of diabetes. Monitoring of blood glucose via the hemoglobin A1C test and self-monitoring is the standard of care for patients with diabetes. This bulletin focuses on the A1C test and provides information about the rate of testing in the Medi-Cal Fee-For-Service (FFS) population.

Glucose Control and the Hemoglobin A1C Test

The results of the Diabetes Control and Complications Trial and the United Kingdom Prospective Diabetes Study demonstrate that tight control of blood glucose (with an average A1C $\leq$ 7 percent) helps reduce the rate of secondary microvascular complications such as nephropathy, neuropathy, and retinopathy[1,2].

Performing regular A1C tests allows the provider to:

- Document initial assessment of glucose control status and determine target range
- Assess average glucose levels over the past 2 to 3 months
- Detect departures from target goal and allow for timely adjustments in therapy
- Verify the patient's self-monitored glucose meter readings

American Diabetes Association (ADA) Standards of Medical Care in Diabetes Monitoring Recommendations[3]:

- Perform the A1C test **twice a year** in patients that are at glycemic goal and stable metabolic status
- Perform the A1C test **every three months** in patients that are not at glycemic goal or patients that have changing therapy
- Use **point-of-care** testing of A1C to make therapy changes in a timely manner
- **The goal A1C for *most* patients is 7 percent or below**

Frequency of A1C testing may depend on the clinical situation, the treatment regimen used and the judgment of the clinician. Deviations from standard A1C goals and monitoring frequency may be appropriate for the following patients: pregnant, the young and the elderly (<13 years old and >65 years old), and those experiencing hypoglycemia.

Please see **Rate of Hemoglobin**, *page 7*

Rate of Hemoglobin *(continued)*

Rate of Hemoglobin A1C Testing in the Medi-Cal FFS Beneficiary Population

A retrospective study of Medi-Cal FFS recipients with diabetes was conducted to determine if prescribers/patients are adhering to recommended ADA standards of care. Patients continuously enrolled in the Medi-Cal Fee-For-Service program between January 1, 2005 and December 21, 2005 with a diagnosis of diabetes (ICD-9 code 250.xx) who had two or more paid claims in an outpatient setting (excluding long-term and acute care settings) AND one paid claim for a diabetic medication that consisted of either a hypoglycemic agent, insulin or diabetic supplies were included in the analysis. It should be noted that this diabetic definition does not follow HEDIS measures and, therefore, results should not be used as a direct comparison. Recipients with a Medicare benefit were excluded. Claims for these recipients were analyzed to determine compliance with ADA guidelines concerning A1C testing (CPT-4 code 83036).

During the 12-month study period, 10,948 recipients with diabetes were identified:

- 76 percent had received at least one HbA1C test in 2005
- 42 percent received the ADA recommended two HbA1C tests in 2005
- 79 percent who are taking two or more drugs had an A1C test during the study period

The above results are a good start, and hopefully improvement will be made over time with an increase in HbA1C testing when new drug therapy is initiated or dosage adjustments made. Future studies in this area may expand diagnosis codes and place of service settings to measure the quality of care given to Medi-Cal recipients in long-term care and hospital settings.

Recommendations

Medi-Cal wants to ensure that the recipients utilizing diabetes medications are receiving adequate monitoring. The following steps should be followed by pharmacists and physicians:

- Prescribers are reminded to refer to ADA guidelines for the management of patients with diabetes
- Prescribers and pharmacists should make sure when changing or adding medications their patients are aware of the importance of compliance with their medication regimen
- Pharmacists should consult patients taking anti-diabetic drugs (particularly those starting or changing therapy) to be aware of their personal A1C test values and A1C goals

References

1. Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT-EDIC) Research Group: Retinopathy and nephropathy in patients with type 1 diabetes four years after a trial of intensive therapy. *N Engl J Med* 342: 381-289, 2000.

2. UK Prospective Diabetes Study (UKPDS) Group: Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet* 353: 837-853, 1998.

3. Standards of Medical Care in Diabetes. *Diabetes Care* 29(1), January 2006.

Please refer to pages 36-30 and 36-31 in the Medi-Cal Drug Use Review manual.

Instructions for Manual Replacement Pages — Part 2
June 2006

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Remove and replace:	blood 1 thru 4
Remove:	blood hcfa 1 thru 5
Remove and replace:	drugs cdl p1a 13/14, 29/30 and 37/38 drugs cdl p1b 29/30 and 37/38 drugs cdl p1c 25/26 drugs cdl p1d 23/24 drugs cdl p4 5 thru 8 enteral 1/2 mc sup lst1 1/2, 15/16 and 23/24 mc sup lst2 1 thru 4 mc sup lst3 1/2 and 11 thru 18 mc sup lst4 1 thru 22

DRUG USE REVIEW (DUR) MANUAL

Remove from the *Education* section:	36-29
Insert:	36-29 thru 31